



SACHI A. HAMAI  
Interim Chief Executive Officer

## County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

March 26, 2015

To: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

From: Sachi A. Hamai   
Interim Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

### **PUBLIC SAFETY REALIGNMENT: FISCAL YEAR 2014-15 SECOND QUARTER REPORT ON BUDGET AND PROGRAM PERFORMANCE MEASURES**

On October 8, 2013, the Board of Supervisors directed the Chief Executive Officer (CEO) to initiate quarterly budget and performance reports for the Public Safety Realignment Act (AB109).

The State's fiscal year 2014-15 budget allocated \$317,576,000 to the County for AB109 staffing, programs, and services. As of February 15, 2015, the County has received \$166,349,422, or 52% of the budget allocation (Attachment A). These funds are maintained by the Auditor-Controller (A-C) in trust accounts specifically for the remittance of AB109 funds from the State.

To date, the A-C has received AB109 related claims of \$205,877,120. County departments have been reimbursed \$143,454,070, for AB109 staffing, programs, and community-based services incurred during the first two fiscal quarters. Probation and Sheriff's claims have exceeded their quarterly reimbursement cap, imposed for cash-flow purposes, by \$6,453,433 and \$55,969,617, respectively.

The CEO established an AB109 claims protocol whereby any claims exceeding the quarterly cap will need to be absorbed by the department until the end of the fiscal year. At year-end, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining

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Each Supervisor  
March 26, 2015  
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allocations from other departments, or tap into the AB109 reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. County department's claims and reimbursements are summarized in Attachment B.

In addition, the comprehensive directory of AB109 programs has been updated through December 31, 2014 by County departments to reflect their progress toward meeting their stated annual performance targets (Attachment C). While the CEO will continue to advise the Board regarding the AB109 budget, future performance reports will be issued by the Countywide Criminal Justice Coordinating Committee to eliminate the redundancy of reports issued to the Board on this subject.

If you have any questions, please contact Sheila Williams, Public Safety Cluster, at (213) 974-1155.

SAH:JJ:SK  
SW:AY:cc

#### Attachments

c: Interim Executive Office, Board of Supervisors  
County Counsel  
Sheriff  
Auditor-Controller  
Countywide Criminal Justice Coordinating Committee  
Probation

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1400253A

PAYMENT ISSUE DATE: 02/26/2015

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

**Additional Description:**

Government Code Section 30027.6 (e)(2)

To be deposited in the County Local Revenue Fund 2011

More information at [http://www.sco.ca.gov/ard\\_local\\_apportionments.html](http://www.sco.ca.gov/ard_local_apportionments.html)

Community Corrections Subaccount apportionment per SB1020

Fiscal Year: 2014

Collection Period: 01/16/2015 To 02/15/2015

Payment Calculations:

Community Correction Allocation Amount 38,556,370.16

Community Corrections county percentages 31.10358093

**Gross Claim** \$38,556,370.16

**Net Claim / Payment Amount** \$38,556,370.16

**YTD Amount:** \$166,349,421.51

For assistance, please call: John Bodolay at (916) 323-2154

2/19/2015

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Draft

FY 2014-15 PUBLIC SAFETY REALIGNMENT (AB109)  
Summary of Department Budget and Claims  
(as of December 31, 2014)

Attachment B

DEPARTMENT	BUDGET	STAFF
Probation*	\$ 75,805,000	506
Sheriff**	\$ 181,072,000	577
Fire	\$ 5,045,000	0
Department of Public Health (DPH)	\$ 16,428,000	13
Department of Mental Health (DMH)	\$ 32,031,000	80
Department of Health Services (DHS)	\$ 16,277,000	50
Chief Executive Office (CEO)	\$ 337,000	0
Auditor-Controller (A-C)	\$ 517,000	1
CCJCC	\$ 3,178,000	1
ISAB	\$ 994,000	0
<b>Total General Operations Budget</b>	<b>\$ 331,684,000</b>	<b>1,228</b>

District Attorney (DA)	\$ 2,899,000	18
Public Defender (PD)	\$ 2,185,000	13
Alternate Public Defender (APD)	\$ 965,000	5
Conflict Panel	\$ 50,000	0
<b>Total Revocation Budget</b>	<b>\$ 6,099,000</b>	<b>36</b>

<b>TOTAL AB109 BUDGET</b>	<b>\$337,783,000***</b>	<b>1,264</b>
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1 <sup>ST</sup> QTR CLAIM	2 <sup>ND</sup> QTR CLAIM	TOTAL CLAIMS (1st QTR + 2nd QTR)	1 <sup>ST</sup> QTR REIMBURSEMENT	2 <sup>ND</sup> QTR REIMBURSEMENT	TOTAL REIMBURSEMENTS (1st QTR + 2nd QTR)	UNREIMBURSED COSTS	HIRED STAFF
\$ 18,237,587	\$ 24,953,925	\$ 43,191,512	\$ 17,435,150	\$ 19,302,929	\$ 36,738,079	\$ 6,453,433	379
\$ 73,546,491	\$ 65,716,246	\$ 139,262,737	\$ 41,646,560	\$ 41,646,560	\$ 83,293,120	\$ 55,969,617	533
\$ 75,277	\$ 1,609,352	\$ 1,684,629	\$ 75,277	\$ 1,609,352	\$ 1,684,629	\$ -	0
\$ 1,347,193	\$ 2,212,506	\$ 3,559,699	\$ 1,347,193	\$ 2,212,506	\$ 3,559,699	\$ -	9
\$ 3,887,795	\$ 4,753,726	\$ 8,641,521	\$ 3,887,795	\$ 4,753,726	\$ 8,641,521	\$ -	72
\$ 2,773,126	\$ 3,117,324	\$ 5,890,450	\$ 2,773,126	\$ 3,117,324	\$ 5,890,450	\$ -	38
\$ 48,190	\$ 45,431	\$ 93,621	\$ 48,190	\$ 45,431	\$ 93,621	\$ -	0
\$ 63,637	\$ 15,480	\$ 79,117	\$ 63,637	\$ 15,480	\$ 79,117	\$ -	0
\$ 55,446	\$ 57,167	\$ 112,613	\$ 55,446	\$ 57,167	\$ 112,613	\$ -	1
\$ 179,302	\$ 176,275	\$ 355,577	\$ 179,302	\$ 176,275	\$ 355,577	\$ -	0
<b>\$ 100,214,044</b>	<b>\$ 102,657,432</b>	<b>\$ 202,871,476</b>	<b>\$ 67,511,676</b>	<b>\$ 72,936,750</b>	<b>\$ 140,448,426</b>	<b>\$ 62,423,050</b>	<b>1032</b>

\$ 810,191	\$ 753,998	\$ 1,564,189	\$ 810,191	\$ 753,998	\$ 1,564,189	\$ -	16
\$ 570,927	\$ 518,968	\$ 1,089,895	\$ 570,927	\$ 518,968	\$ 1,089,895	\$ -	10
\$ 189,634	\$ 161,926	\$ 351,560	\$ 189,634	\$ 161,926	\$ 351,560	\$ -	5
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
<b>\$ 1,570,752</b>	<b>\$ 1,434,892</b>	<b>\$ 3,005,644</b>	<b>\$ 1,570,752</b>	<b>\$ 1,434,892</b>	<b>\$ 3,005,644</b>	<b>\$ -</b>	<b>31</b>

<b>\$ 101,784,796</b>	<b>\$ 104,092,324</b>	<b>\$ 205,877,120</b>	<b>\$ 69,082,428</b>	<b>\$ 74,371,642</b>	<b>\$ 143,454,070</b>	<b>\$ 62,423,050</b>	<b>1,063</b>
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\*Probation claims have exceeded their quarterly reimbursement cap by \$6,453,433 (\$802,437 for the 1st Qtr and \$5,650,996 for the 2nd Qtr). \*\*Sheriff claims have exceeded their quarterly reimbursement cap by \$55,969,617 (\$31,899,931 for the 1st Qtr and \$24,069,686 for the 2nd Qtr). Claims exceeding the quarterly cap will need to be absorbed by the department until the end of the fiscal year; whereupon, any unreimbursed claims will be reconciled up to each department's annual AB109 budget allocation. Should a department's AB109 claims result in a fiscal year-end deficit, the CEO may recommend the Board to utilize any remaining allocations from other departments or tap into the AB109 Reserve to make the department whole; otherwise, the department will absorb those AB109 costs within its regular budget. \*\*\*\$317,576,000 State budget allocation + \$20,207,000 in AB109 County Reserve Funding for a total AB109 budget of \$337,783,000.

Draft	ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS	
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target	
TOTAL AB109 BUDGET		\$ 337,783,000						
P R O B A T I O N	PROBATION DEPARTMENT		\$ 75,805,000					
	1. Community Supervision of PSPs and N3s	1A. <u>Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).  SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.	PSPs  Split N3s  Prop. 36 probationers  Community-at-large	<u>Arrests:</u> 60% PSPs, Splits, or P36 supervised persons will be free from misdemeanor or felony arrests while under supervision. (does not include flash incarcerations or technical violations).  <u>Supervision:</u> (monthly average) TBD Completed LS/CMi risk assessments 8,500 Office visits 400 Case management plans 3,900 Field contacts 240 Mental health referrals 460 Substance abuse treatment referrals 160 Revocations processed 350 Office and field arrests	LS/CMi risk assessments.  Office visits with PSPs/N3s.  New/revised case management plans.  Field contacts with PSPs/N3s.  Referrals for mental health treatment.  Referrals for substance abuse treatment.  Revocation reports to court.	Increase number of LS/CMi risk assessments completed by supervision DPOs.  Increase the number of case management plans completed by supervision DPOs.  All other benchmarks to remain the same. The focus will be on developing and maintaining appropriate case plans that address all risk factors, through the implementation of the LS/CMi at the supervision level.	<u>Arrests:</u> 65% PSPs, Splits, or P36 supervised persons remained arrest free while under active supervision .  <u>Supervision:</u> 371 (62 monthly average) LS/CMi risk assessments 56,540 (9,423 monthly average) Office visits 997 (169 per month) Case management plans 23,226 (3,871 monthly average) Field contacts 586 (98 monthly average) Mental health referrals 1525 (254 monthly average) Substance abuse referrals 1140 (190 monthly average) Revocations processed 2073 (346 monthly average) Arrests in office and field	Staff have continued to provide services at a level consistent with FY 2013-14 services.  Training is being coordinated to enable field staff to update the LS/CMi assessment and develop evidence-based case plans.
		1B. <u>HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.	PSPs  Split N3  Prop 36 probationers	<u>Services</u> 5,424 (monthly average 454) Cases Orientated 1,497 (monthly average 124) DMH referrals 4,142 (monthly average 345) DPSS referrals 2,786 (monthly average 232) CASC referrals	Conduct initial contact with PSPs to perform assessments, orientations, referral for services, and assignment to a field office DPO.	Maintain current level of service: The HUB is currently assessing all PSPs, N# Splits, and P36 supervised persons that report for orientation, assessment, and assignment. The Department has increased its capacity to provide orientation instructions through the placement of four (4) DPOs at the Community Re-entry and Resource Center at the LASD Inmate Reception Center.	Services: 3,921 (654 monthly average) Cases Orientated 964 (161 monthly average) DMH referrals 2,117 (353 monthly average) DPSS referrals 1,719 (287 monthly average) CASC referrals	Staff have continued to provide services at a level consistent with FY 2013-14 services.
		1C. <u>Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.  PSP pre-release State prison files (packets) are coming from 33 different State prisons.	PSPs  Split N3  Prop 36 probationers	<u>Services</u> 6,994 (582 monthly average) Packets Received 6,449 (537 monthly average) Packets Processed  296 (24 monthly average) Incoming Approved Transfers 324 (27 monthly average) Outgoing Approved Transfers	Process pre-release packets on PSPs received from CDCR to determine eligibility for PRCS, establish initial conditions of release, and determine PRCS service needs.  Process incoming/outgoing inter-county transfers. Provide 24 hour telephone emergency assistance to local law enforcement, CBO providers, Tip Line, DCFS, and GPS alerts.	Maintain current level of service.	Services 3,467 (578 monthly average) Packets Received 3,437 (573 monthly average) Packets Processed  3,199 (533 monthly average) Warrants Requested  171 (29 monthly average) Incoming Approved Transfers 250 (42 monthly average) Outgoing Approved Transfers	Staff have continued to provide services at a level consistent with FY 2013-14 services.
		1D. <u>Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.	PSPs  Split N3s  Prop. 36 probationers  Local Law Enforcement	<u>Services</u> (estimated monthly average) 910 Compliance Checks 20 Office Arrests 85 Field Arrests 200 Warrant Checks NA LLE Record Checks 150 Ride-Alongs	Conduct compliance checks.  Assemble operation plans.  Disseminate pertinent PSP information to local law enforcement.  Participate in local law enforcement taskforces.  Conducting office & field arrests.	Maintain current level of service: Co-located DPOs will continue to work with local law enforcement to provide supervision compliance checks in the community at the existing level of services.	Services 5607 (935 monthly average) Compliance Checks 111 (19 monthly average) Office Arrests 952 (159 monthly average) Field Arrests 1680 (280 monthly average) Warrant Checks 7635 (1,273 monthly average) LLE Agency Record Checks 1467 (245 monthly average) Ride-Alongs	Co-located DPOs have continued to work with law enforcement and provide compliance checks in the community at the existing level of services.
	2. CBO Services	A large number of PSPs are released from custody without employment prospects or housing.	PSPs  Split N3s  Prop. 36 probationers	<u>Services</u> 5,594 (466/month) Housing service referrals 2,037 (169/month) Employment services referrals  29% of clients received housing for longer than 6 months	Through a contracted agency, provide temporary housing, conduct job work assessments, provide job readiness workshops, provide job placement/retention services for supervised persons.	Our performance target is to <u>reduce</u> the proportion of clients receiving housing services for longer than 6 months.	2,849 (475/month) Housing service referrals 1,162 (194/month) Employment services referrals  22% of clients received housing services for longer than 6 months	There was a reduction in the proportion of clients receiving housing services during FY 2014-15. The Department has lowered this proportion by 5% within the previous quarter. The Department plans to continue this trend by strengthening the contractor's case management and reinforcing to clients and staff that the housing services are designed to be temporary.
S H E R I F F S	SHERIFF'S DEPARTMENT		\$ 181,072,000					
	1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	N3 Parole Violator	Average daily population was 6,000 N3s	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.	Provide inmates with all services required by law, including: food, clothing, medical, and access to services.	<u>Average daily population</u> Q1: 5,600 N3s Q2: 5,298 N3s Q3: Q4:	Due to the implementation of Proposition 47, the Department has seen a reduction in the number of N3 inmates from approximately 6,000 to 5,000. The Department has; however, begun to track and include the following N3 inmate populations that should have been captured in previous reports: *Parole Revocations *PRCS Revocations *Flash Incarcerations *Parole Holds
	2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	N3	<u>No. of N3s graduates</u> 33 MERIT program 5 GED program 0 WITS (Women in Transition Support) 256 Gender Responsive and Rehabilitation 427 Misc. certificates	EBI Back on Track (BOT) will be implemented for AB109 inmates that will provide additional assessment, program placement, case management, and community transition services.	<u>N3 successful graduates</u> 3,000 MERIT program 25 GED program 100 WITS 500 Gender Responsive and Rehabilitation 1,700 Misc. certificates	<u>N3 successful graduates</u> 1238 MERIT program 319 High School / GED program 75 WITS 364 Gender Responsive and Rehabilitation 973 Misc. certificates	*GED has been replaced with high school diplomas (319) through our three charter schools. Merit Program scaled back in lieu of more academic programs (1238), GRR was temporarily displaced due to moving from CRDF to TT CF (304), Miscellaneous certificates (973), WITS 75 (drop from previous year due to expired MOA for a portion of the year).
	3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division.  AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	Parole Violators	Custody Division: 6 deputies Court Services: 3 deputies  Number of parole hearings is subject to the court's schedule.  Total number of parolees screened – 6,026 out of 10,825 that we ran Highest month total - 637 July Lowest month total - 305 November (Prop. 47 initiated)	Provide security, transport, escort Parole Agents, and court services.	Maintain security, transport, and court services at current service levels. To provide security and escorts for Parole Agents while they do face to face serves and interviews of parolees at MCJ, IRC, MSB, and TT CF (Tower One and Tower Two).	Parole Screenings is utilized by eleven different Parole Agents that come in throughout the day. The current number of deputies assigned to the Parole Screenings unit is sufficient.	With the implementation of Prop 47 there was, initially, a noticeable drop in the number parolees served in Parole Screenings as noted. The numbers have steadily increased since that low.

COUNTY OF LOS ANGELES  
AB109 PUBLIC SAFETY REALIGNMENT  
PERFORMANCE MEASURES REPORT  
(as of December 31, 2014)

Draft	ISSUE		INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)						
			Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF	
	TOTAL AB109 BUDGET		\$ 295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063	
P R O B A T I O N	PROBATION DEPARTMENT		\$ 72,635,000	\$ 3,170,000	506	\$ 18,237,587	\$ 24,953,925	\$ -	\$ -	\$ 43,191,512	379	
	1. Community Supervision of PSPs and N3s	1A. <u>Direct Supervision</u> AB109 transferred community supervision of certain state prisoners to Probation upon their release from 33 different CDCR prisons. AB109 mandates that PSPs are supervised using evidence-based practices for the period of 1 year (excluding revocations or flash incarcerations).  SB1023 mandates all N3 sentences are presumed to be a split sentence, unless in the interest of justice the Court deems otherwise. Probation anticipates a large increase in the number of N3s in jail to be eligible for supervision, treatment, and services.	\$ 52,684,000	\$ -	413	\$ 13,260,583	\$ 18,785,677	\$ -	\$ -	\$ 32,046,260	294	
		1B. <u>HUB / Custody Liaison</u> PSPs released from custody need assessment, orientation and referrals for needed services in order to address criminogenic risks and needs.	\$ 5,826,000	\$ -	49	\$ 806,490	\$ 1,100,874	\$ -	\$ -	\$ 1,907,364	46	
		1C. <u>Pre-Release Center</u> Pre-release screening of PSPs for AB109 eligibility and criminogenic, mental health, substance abuse, and medical needs.  PSP pre-release State prison files (packets) are coming from 33 different State prisons.	\$ 3,955,000	\$ -	33	\$ 1,202,749	\$ 1,667,012	\$ -	\$ -	\$ 2,869,761	28	
		1D. <u>Local Law Enforcement Partnership</u> Local law enforcement routinely request assistance identifying PSP populations within their jurisdictions and enforcing the conditions of supervision.	\$ 1,340,000	\$ -	11	\$ 1,016,017	\$ 1,532,583	\$ -	\$ -	\$ 2,548,600	11	
	2. CBO Services	A large number of PSPs are released from custody without employment prospects or housing.	\$ 8,830,000	\$ 3,170,000	0	\$ 1,951,748	\$ 1,867,779	\$ -	\$ -	\$ 3,819,527	0	
S H E R I F F S D E P A R T M E N T	SHERIFF'S DEPARTMENT		\$ 171,199,000	\$ 9,873,000	577	\$ 73,546,491	\$ 65,716,246	\$ -	\$ -	\$ 139,262,737	533	
	1. Custody Operations	Existing ongoing AB109 funding is insufficient to maintain the jail beds for the current population of 6,000 N3s.	\$ 150,620,000	\$ 9,873,000	437	\$ 69,596,781	\$ 61,812,049	\$ -	\$ -	\$ 131,408,830	437	
	2. In-Custody Programs	Provide Education Based Incarceration (EBI) programs to the N3 population to facilitate re-entry and reduce risk to recidivate. AB109 provide credit toward an inmate's sentence upon successful completion of an EBI program.	\$ 7,003,000	\$ -	61	\$ 1,430,966	\$ 1,523,712	\$ -	\$ -	\$ 2,954,678	44	
	3. Valdivia	Valdivia v. Brown and Armstrong guidelines mandate state parole agents are to serve Parolees within 3 days of being placed on a hold. Valdivia Hearings procedures are handled by both Court Services and Custody Division.  AB109 funds are used to continue parole hearings after direct State funding ceased in 2012.	\$ 1,554,000	\$ -	9	\$ 449,918	\$ 472,316	\$ -	\$ -	\$ 922,234	9	



Draft

		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
TOTAL AB109 BUDGET			\$ 337,783,000					
E R I E S	4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	PSP	258 PSP PAL arrests	1. Increase use of alternate investigative resources, i.e., Social media. 2. Collaborate with other law enforcement agencies. 3. Establish protocols with other County Departments. 4. Explore information sharing possibilities with other AB109 stakeholders (DPSS, DMH, DPH). 5. Advise and encourage absconders to use treatment programs after arrest.	Increase apprehension and arrests of absconders with active arrest warrants by 20%.	192 PSP PAL arrests	Each absconder arrest averages approximately 95 hours of work. The hours spent for apprehension of each absconder is tracked in PALTRAC. Intelligence has indicated that many absconders no longer reside within Los Angeles County. We have located and arrested absconders in San Bernardino, Riverside, Kern, and Orange counties.
		4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.	PSP	3 PSP Extraditions	1. Locate high risk PSP absconders who are out-of-state. 2. Work with DA's Office to extradite AB109 absconders. 3. Develop contacts with out of state agencies.	Increase out of state extraditions by 25%.	1 PSP absconder extradited	We have information that several absconders are living in the Las Vegas, Nevada area. We are working with Nevada Law Enforcement agencies to locate and arrest the absconders. The Los Angeles DA's Office is currently approving all extraditions from this area.
		4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.	PSP	The California DOJ has developed a statewide integrated Post Release Community Supervision database. The database is a critical requirement for the effective management of the PRCS population.	1. The Smart Justice System is now active, with LASD Crime Analysts, Parole Compliance personnel and LAPD utilizing the system. 2. LASD has created a Parolee/Probationer Contact Form to capture information between LE and supervised persons. 3. The Parolee/Probationer Contact Form is currently being added to the Smart Justice System and will be available as a module in Smart Justice.	Utilize the Smart Justice System to input information and monitor the AB109 population.	Eight Crime Analysts are currently assigned to the Parole Compliance Unit and they are currently using the Smart Justice System. All PSP contacts made in the field by the Parole Compliance Teams are uploaded to Smart Justice.	
	5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	N3	<u>Male Average Daily Population</u> 150 N3s at the PDC training facility (180 bed capacity) 32 N3s transferred to fire camp each quarter 129 N3s in fire camps (418 bed capacity) Note-transfers did not occur until 11/06/13 3.7 months average fire crew service 116 N3s completed their sentence during the year  <u>Female Average Daily Population</u> 4 N3s at the California Institute for Women (CIW) 1.5 N3s transferred to fire camp each quarter 2 N3s in fire camps (110 bed capacity)  9 months average fire crew service 5 N3s completed their sentence during the year	Population Management Bureau (PMB) ensures the inmate fire camp training facility at PDC is fully populated and remains at a sufficient level of male N3 inmates to maximize transfers of trained inmates to fire camps.  PMB to screen and transfer eligible female inmates to CIW for training and placement to fire camp.	<u>Male Average Daily Population</u> 180 N3s at the PDC training facility (180 bed capacity) 91 N3s transferred to fire camp each quarter 124 N3s in fire camps (418 bed capacity)  <u>Female Average Daily Population</u> 6 N3s at the California Institute for Women (CIW) 5 N3s transferred to fire camp each quarter 10 N3s in fire camps (110 bed capacity)	<u>Male Average Daily Population</u> 96 N3s at the PDC training facility (180 bed capacity) 70 N3s transferred to fire camp each quarter 144 N3s in fire camps (418 bed capacity)  2.3 months average fire crew service 87 inmates completed their sentence during the year  <u>Female Average Daily Population</u> 4 N3s at the California Institute for Women (CIW) training 2 N3s transferred to fire camp each quarter 2 N3s in fire camps (110 bed capacity)  9 months average fire crew service 5 inmates completed their sentence during the year	We are actively recruiting for inmate participation in the fire camp program. Currently, CDCR has 3 female camps statewide and is considering consolidating those camps into 2 camps as female participation statewide is limited. Female participation for the fire camp program has been complicated due to excessive medical disqualifications and competing programs that are less physically demanding. The fire camp training unit is conducting smaller more frequent wild land fire classes in conjunction with the Los Angeles County Fire Department in an effort to move inmates to CDCR camps.
FIRE DEPARTMENT			\$ 5,045,000					
F I R E	1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	N3	A total of 7 fire crew training classes were completed. Training is 6-8 weeks long with a class of up to 50 inmates.  335 N3s completed training during the year 269 N3s were transferred to a fire camp	Training and transition of N3 inmates into the Fire Camps.	Successfully train and place 75% of AB109 inmates into the fire camps. This is based on training 300 inmates in 9 classes during 2014-15 and placing 225 inmates in the Camps.	A total of 6 fire crew training classes were completed and 213 inmates have been trained.  40 N3s are waiting for the next training class which begins on January 26, 2015. 32 N3s completed training on December 19, 2014, and 29 N3s were transferred to the camps by December 31, 2014.  129 N3s were transferred to a fire camp	Fire is working with the Sheriff's Department in order to improve the process, in an effort to obtain additional AB109 prisoners to be trained and placed in the Fire Camps.
	2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	N3	<u>N3 Average Daily Population</u> Camp 11 Acton (88 bed capacity) Camp 13 Malibu (110 female bed capacity) Camp 14 Francisquito (88 bed capacity) Camp 16 Holton (110 bed capacity) Camp 19 Julius Klein (132 bed capacity)  Total capacity of 528  269 inmates served on a fire crew during the year	Supervise fire-related work projects and emergency incidents throughout California.	Fire is working with the Sheriff's Department to obtain additional trainees in order to increase the percentage of AB109 inmates in the camps. The goal for 2014-15 is to have the 225 inmates placed in the Camps serve on a fire crew.	<u>N3 Average Daily Population</u> 41 at Camp 11 Acton (88 bed capacity) 2 at Camp 13 Malibu (110 female bed capacity) 9 at Camp 14 Francisquito (88 bed capacity) 76 at Camp 16 Holton (110 bed capacity) 13 at Camp 19 Julius Klein (132 bed capacity) 4 at California Institute for Women (bed capacity N/A) Total 145 of 528 = 27.5% YTD average  129 inmates have served on a fire crew during the year	Fire is also exploring alternatives at the women's camp (Camp 13) due to the low number of female AB109 inmates.
DEPARTMENT OF PUBLIC HEALTH			\$ 16,428,000					
	1A. Community Based Services	Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients.  Provide training to providers on how to work with the forensic population.	PSP	<u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total <b>(303 at any given time)</b>  <u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services  <u>Provider Meetings</u> 6 meetings (bi-monthly)  <u>Trainings/Coaching</u> 4 conducted	Continue to provide treatment services to AB109 clients.  Continue bi-monthly meetings with contracted treatment providers to monitor improvement and address challenges of SUD system of care. Meetings are used to discuss and address current and emerging issues, identify trends, and report progress.  Provide trainings focused on evidence-based practices to contracted treatment provider network.	<u>Treatment Admissions</u> (cumulative) 566 In-patient/Residential 1,233 Outpatient 1,799 Total <b>(303 at any given time)</b>  <u>No. of Individuals Receiving Services</u> (cumulative) 566 Residential Treatment 1,233 Outpatient Counseling (including Intensive Outpatient) 66 Residential Medical Detoxification 55 Alcohol and Drug-Free Living Centers (ADFLC) 56 Medication Assisted Treatment (MAT) services  <u>Provider Meetings</u> 6 meetings (bi-monthly)  <u>Trainings/Coaching</u> 4 conducted  Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.	<u>*Treatment Admissions</u> (cumulative) 357 In-patient/Residential 451 Outpatient 808 Total <b>(334 at any given time)</b>  <u>*No. of Individuals Receiving Services</u> (cumulative) 357 Residential Treatment 808 Outpatient Counseling (including Intensive Outpatient) 0 Residential Medical Detoxification 36 Alcohol and Drug-Free Living Centers (ADFLC) 18 Medication Assisted Treatment (MAT) services  <u>Provider Meetings</u> 3 meetings  <u>Trainings/Coaching</u> 3 conducted  * NOTE: Admission numbers subject to change as AB109 treatment providers continue to input client admission data beyond Performance Measures reporting period.	Clients are tracked by admissions, as many clients enter treatment more than once.

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Draft		ISSUE	INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)												
			Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF							
TOTAL AB109 BUDGET			\$	295,453,000	\$	42,330,000	1,264	\$	101,784,796	\$	104,092,324	\$	-	\$	-	\$	205,877,120	1,063
E R I F F S	4. Parole Compliance Unit	4A. <u>Absconder Apprehension</u> A high rate of the AB109 PSP population has absconded, resulting in revocation warrants.	\$	10,814,000	\$	-	69	\$	2,068,826	\$	1,908,169	\$	-	\$	-	\$	3,976,995	43
		4B. <u>Extradition</u> The AB109 population has become aware they can abscond out of state and extradition is normally denied.																
		4C. <u>Data Sharing</u> There is a lack of current and accurate information of the AB109 population being shared by all local Law Enforcement agencies within the state.																
	5. Fire Camps	Alternative custody program designed to train eligible N3 inmates for transfer to fire camps where they will provide wild land fire support for the Los Angeles County Fire Department.	\$	1,208,000	\$	-	1	\$	-	\$	-	\$	-	\$	-	\$	-	0
FIRE DEPARTMENT			\$	5,045,000	\$	-	0	\$	75,277	\$	1,609,352	\$	-	\$	-	\$	1,684,629	0
F I R E	1. Fire Camp Training	Training and placement of AB109 prisoners into the Fire Camps.	\$	537,000	\$	-	0	\$	75,277	\$	95,352	\$	-	\$	-	\$	170,629	0
	2. Fire Camp Operations	Provide wild land fire protection utilizing trained inmate fire crews. Fire operates 5 fire camps with CDCR: 418 male beds and 110 female beds.	\$	4,508,000	\$	-	0	\$	-	\$	1,514,000	\$	-	\$	-	\$	1,514,000	0
DEPARTMENT OF PUBLIC HEALTH			\$	8,716,000	\$	7,712,000	13	\$	1,347,193	\$	2,212,506	\$	-	\$	-	\$	3,559,699	9
	1A. Community Based Services	Treatment Provider Network Services - AB109 mandated Substance Use Disorder (SUD) treatment services be available to AB109 clients.  Provide training to providers on how to work with the forensic population.	\$	2,684,376	\$	3,712,000	0	\$	763,251	\$	1,358,212	\$	-	\$	-	\$	2,121,463	0



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		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
TOTAL AB109 BUDGET			\$ 337,783,000					
DPH	1B. Community Based Services - Treatment Network Expansion	The treatment network and types of services need to be expanded due to shortage of providers and types of services throughout the County.	Contracted SUD Treatment Providers, PSP	<u>No. of Providers</u> 12 providers (71 locations throughout Los Angeles County)	Obtain Board of Supervisors approval to execute SUD master agreements work orders solicitations (MAWOS) with qualified treatment providers.  Upon execution, train new treatment provider staff on programmatic and contractual requirements for AB109.	<u>No. of Providers</u> 18 providers, an increase of 50%. Obtain Board approval to execute SUD MAWOS by May 2015.  <u>Services</u> <ul style="list-style-type: none"><li>Residential Treatment</li><li>Outpatient Counseling (including Intensive Outpatient)</li><li>Residential Medical Detoxification</li><li>ADFLC</li><li>MAT services</li></ul> Add Narcotics treatment program (NTP) services by May 31, 2015.  <u>Training</u> 100% New providers trained	<u>No. of Providers</u> In progress: Obtained Board approval for 6 new providers  <u>Services</u> <ul style="list-style-type: none"><li>Residential Treatment</li><li>Outpatient Counseling (including Intensive Outpatient)</li><li>Residential Medical Detoxification</li><li>ADFLC</li><li>MAT services</li></ul> Initiated NTP services on XX, 2015.  <u>Training</u> Subject to Board approval of new providers; All new providers trained	The Work Order Solicitation was released on October 8, 2014. Proposals were collected and review is in process.
	1C. Community Based Services - Community Assessment Service Center (CASC)	CASCs conduct assessments to determine the severity of clients' SUD. Those with a positive assessment are referred to a contracted service provider.	PSP	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County)  <u>Referrals</u> 6,475 individuals assessed at a CASC 97.6 % with positive assessments referred to treatment 56 % referred actually show-to-treatment	Continue to provide assessment and referral services to AB109 clients.  Continue bi-monthly meetings with CASC to discuss emerging AB109 issues and establish recommendations that improve the assessment process and show rate at treatment from CASC.  By June 30, 2015, implement a Pilot Project for CASC by selecting a new assessment pathway that improves case management and accounts for criminogenic needs.	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County)  <u>Referrals</u> 6,475 individuals assessed at a CASC 97.6% with positive assessments referred to treatment 56 % referred actually show-to-treatment  Using Benchmarks from FY 2013-14 with intention of improving upon benchmarks.	<u>No. of Providers</u> 8 providers (13 locations throughout Los Angeles County)  <u>*Referrals</u> 3,138 individuals assessed at a CASC 96.7% of those with positive assessments referred to treatment *51% referred actually show-to-treatment  * NOTE: Show-to-treatment subject to change as AB109 treatment providers continue to input client admission data beyond Performance Measures reporting period.	Focus groups for the Pilot Project are currently being conducted. Current show-to-treatment rate is *51%.  Show-rate projected to increase after Pilot Project is implemented.  * NOTE: Show-to-treatment subject to change as AB109 treatment providers continue to input client admission data beyond Performance Measures reporting period.
	2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	Implement SUD education and treatment components into Sheriff's Education Based Incarceration program with in-custody N3 population. Pilot will also provide a community supervision option to female N3 population. Funding includes contract providers and one (1) Assistant Staff Analyst position at \$96,387/year.	N3	To be established in FY 2014-15.	1) Provide Drug Education services to male and female inmates at South Facility and Century Regional Detention Facility (CRDF).  2) Provide direct SUD treatment services to male and female inmates at South Facility and CRDF.  3) Provide community transition residential treatment for female inmates released from CRDF under alternative sentencing and placed under electronic monitoring.  4) Hire new staff; one Assistant Staff Analyst.	<u>No. Individuals Receiving Services (cumulative)</u> 340 Drug Education 160 In-custody SUD treatment 260 Alternative custody treatment facility	<u>No. Individuals Receiving Services (cumulative)</u> X Average daily N3 SUD population (current quarter) X Drug Education X In-custody SUD treatment X Alternative custody treatment facility	Pending Department of Public Health approval.
	3. Administrative Oversight	3A. <u>Contract Monitoring</u> DPH-SAPC staff provides ongoing programmatic, contractual, fiscal, and administrative oversight of Community Assessment Services Center (CASC) and SUD treatment programs.  3B. <u>Data Management</u> DPH-SAPC maintains TCPX, a web-based application designed to support the operational and administrative requirements of AB109. TCPX provides a "real time" connectivity between contracted providers, DPH-SAPC, and Probation. TCPX is used to inform AB109 clients' treatment plan and progress, collect client data for reporting, and assist Probation in tracking AB109 clients. DPH-SAPC will continue to contract with ISD who will perform ongoing maintenance and enhancement of TCPX.	PSP	<u>Contract Monitoring</u> 100% of contracted treatment providers and CASCs were monitored for contract and policy compliance.  85% of AB109 funding dedicated for treatment services has been utilized.	Provide ongoing technical assistance to contract providers on programmatic and contractual requirements for AB109.  Maintain monitoring of contracted providers to ensure compliance of policies and procedures.  Review the utilization rates of all contracted providers on a regular basis to ensure the appropriate and effective use of AB109 funding.	<u>Contract Monitoring</u> 100% of SUD treatment providers and CASC are monitored for contract and policy compliance.  100% of AB109 contracted SUD treatment services funding fully utilized.	<u>Contract Monitoring</u> 19% of SUD treatment providers and CASC monitored for contract and policy compliance  40% of AB109 funds utilized, as of August 30, 2014	
DEPARTMENT OF MENTAL HEALTH			\$ 32,031,000					
1. Administration & Oversight	<u>Countywide Resource Management (CRM)</u>	PRCS	<u>Overall PRCS/N3 Recidivism</u> 1,450 (64%) of 2,253 male clients assessed at HUBs were successfully linked to services.	Administrative, clinical and fiscal oversight of all AB109 services for DMH including onsite screening, assessment, linkage and referral services to the appropriate level of service for individuals with complex mental health issues and serious criminal justice histories.	<u>Quality Assurance</u> Monitor program's progress in meeting specific performance targets  CRM will utilize a contract monitoring tool to evaluate at least 10 randomly selected charts annually from 11 contract providers (at 23 separate locations). It is anticipated that 230 measures will be collected and evaluated by June, 2015.	<u>Quality Assurance</u> 11 contract providers (at 23 separate locations) had 10 charts each reviewed by CRM. Year-to-date 133 contract monitoring and client satisfaction measures from 16 separate outpatient locations have been collected.		
	Centralized coordination and monitoring of AB109 community-based services.	N3  CBO	663 (46%) of 1,450 male clients successfully linked, recidivated.  231 (46%) of 503 female clients assessed at HUB were successfully linked to services.  117 (51%) of 231 female clients successfully linked, recidivated.		<u>Overall PRCS/N3 Recidivism</u> Recidivism rates for male and female clients assessed at the HUBs will remain the same.	<u>Overall PRCS/N3 Recidivism</u> 1st Quarter: 653 of (75%) 874 of male clients assessed at HUBs were successfully linked to services. 272 (42%) of 653 male clients successfully linked, recidivated.  88 (58%) of 152 female clients assessed at HUB were successfully linked to services. 38 (43%) of 88 female clients successfully linked, recidivated.  2nd Quarter: 694 of (72%) 970 of male clients assessed at HUBs were successfully linked to services. 277 (40%) of 694 male clients successfully linked, recidivated.  99 (59%) of 167 female clients assessed at HUB were successfully linked to services. 43 (43%) of 99 female clients successfully linked, recidivated.		

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ISSUE		INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)					
		Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF
TOTAL AB109 BUDGET		\$ 295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063
DPH	1B. Community Based Services - Treatment Network Expansion	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
	1C. Community Based Services - Community Assessment Service Center (CASC)	\$ 1,730,321	\$ -	0	\$ 275,929	\$ 415,924	\$ -	\$ -	\$ 691,853	0
	2. Proposed New Programs - Substance Treatment and Re-entry Track (START)	\$ 2,203,325	\$ 4,000,000	1	\$ -	\$ -	\$ -	\$ -	\$ -	0
	3A. Contract Monitoring	\$ 1,447,978	\$ -	12	\$ 216,052	\$ 263,425	\$ -	\$ -	\$ 479,477	9
	3B. Data Management	\$ 650,000	\$ -	0	\$ 91,961	\$ 174,945	\$ -	\$ -	\$ 266,906	0
DEPARTMENT OF MENTAL HEALTH		\$ 20,367,000	\$ 11,664,000	80	\$ 3,887,795	\$ 4,753,726	\$ -	\$ -	\$ 8,641,521	72
1. Administration & Oversight	Countywide Resource Management (CRM)	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
	Centralized coordination and monitoring of AB109 community-based services.									

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TOTAL AB109 BUDGET							
\$ 337,783,000							
D M H	ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year; is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
	2. Community Based Services	2A. DMH Direct Services HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment.  5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)	PRCS  <u>Services (cumulative)</u> 1,601 PRCS files screened at Pre-Release Center (PRC) identified as possibly requiring mental health services.  <u>DOC Clinic Services (13-14 cumulative):</u> Total: 382 291 (76%) of male PRCS (PSP, PSP-N3, N3-split) clients receiving DO outpatient services. 91 (24%) of female PRCS clients received DO outpatient services.  95 male N3 clients received DO outpatient services. 59 female N3 clients received DO services.  <u>Recidivism (PSP, PSP-N3, N3-Split):</u> 116 (40%) of 291 male receiving DO outpatient services have been rearrested. 18 (20%) of 91 females receiving DO outpatient services have been rearrested.  <u>Recidivism (N3):</u> 13 (14%) of 95 male N3s receiving DO outpatient services have been rearrested.	Staff provide mental health services in revocation court, Pre-release Center, and HUBs.  Office of Public Guardian staff provide conservatorship investigations and appointments.  Monitor contract provider services.	<u>No. of Providers</u> 37 providers with locations throughout Los Angeles County  <u>Services</u> (cumulative) 100% of PRCS files screened with possible mental health needs.  100% of PRCS clients assessed at HUBs with mental health needs  75% of PRCS will show-to-treatment (Directly Operated Clinics).  20% of N3s will show to treatment (Directly Operated Clinics)	37 DO mental health providers throughout Los Angeles County  <u>1st Quarter Services:</u> Total clients: 382 57 ( % ) of male PRCS (PSP, PSP-N3, N3-splits) clients received DO outpatient services. 11 ( % ) of female PRCS clients received DO outpatient services. 7 male N3 clients received DO outpatient services. 6 female clients received DO outpatient services.  <u>Recidivism (PSP, PSP-N3, N3-split):</u> - 23 males (40%) of 57 receiving DO outpatient services have been rearrested. 2 females (18%) of 11 receiving DO outpatient services have been rearrested. - 3 (42%) of 7 male N3s receiving DO outpatient services have been rearrested. - 0 (0%) of 6 females receiving DO outpatient services have been rearrested.  <u>2nd Quarter Services:</u> - 32 males PRCS clients received DO outpatient services. 19 female PRCS clients received DO outpatient services. - 8 male N3 clients received DO outpatient services. 4 female clients received DO outpatient services.  <u>Recidivism (PSP, PSP-N3, N3-split):</u> - 46 males (50%) of 92 receiving DO outpatient services have been rearrested. 8 females (42%) of 19 receiving DO outpatient services have been rearrested. - 1 (13%) of 8 male N3s receiving DO outpatient services have been rearrested. 1 (25%) of 4 females receiving DO outpatient services have been rearrested.	Unless otherwise indicated, Community Based Services budget encompasses all sub-categories.
		2B. State Hospital Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.	PRCS  <u>Treatment Admissions: State Hospital</u> 5 clients  FY 2013-14 total cost: \$321,062 4 person bed capacity \$647 Average daily cost per client	Provide intensive, locked mental health treatment for individuals in need of the highest level of care.  Continue to provide services as clinically indicated.	<u>Treatment Admissions: State Hospital.</u> To provide State Hospital level of care as needed	<u>Treatment Admissions: State Hospital</u> 1st Qtr: 4 clients / \$156,206 expenditure 2nd Qtr: 1 client / \$47,711 expenditure 3rd Qtr: 4th Qtr:  5 total admissions year-to-date \$647 Average treatment cost per client Yearly allocation: \$944,000 /365/\$647 = 4 beds	
		2C. IMD Contracts Provide locked long-term mental health residential treatment.	PRCS  <u>Treatment Admissions: IMD.</u> 59 clients FY 2013-14 total cost: \$1,188,074  14 person bed capacity \$250 Average treatment cost per client	Expand IMD bed resources for forensic populations, including RSOs.  Continue to expand IMD contracts and develop IMD bed resources for PRCS population.	<u>Treatment Admissions: IMD</u> IMD level of care as needed  Serve 14 individuals in allocated IMD beds	<u>Treatment Admissions: IMD</u> 1st Qtr: 22 clients / \$153,388 expenditure 2nd Qtr: 16 clients / \$199,484 expenditure 3rd Qtr: 4th Qtr: 38 Total Admissions year-to-date  14 Bed capacity \$250 Average daily treatment cost per client	
		2D. IMD Step-down Contracts Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.	PRCS  <u>Treatment Admissions: IMD Step-down</u> 172 clients / 11,829 claims  85 Bed capacity  \$140 Average treatment cost per client per day	Provide intensive residential mental health treatment for individuals in need of this level of care.  Continue to provide services as clinically indicated.	<u>Treatment Admissions: IMD</u> 400 PRCS clients served annually  85 Bed capacity	<u>New Treatment Admissions: IMD Step-down</u> 1st Qtr: 149 clients / 3,687 claims 2nd Qtr: 153 clients / 2,602 claims 3rd Qtr: 4th Qtr:  302 Total admissions year-to-date 85 Bed capacity \$140 Average treatment cost per client per day.	
		2E. In-patient Contracts Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.	PRCS  N3  <u>Treatment Admissions: FFS hospitals</u> 342 clients / 3,228 claims Bed capacity as needed \$585 Average treatment cost per client	Provide acute inpatient services based on clinical need.  Continue to provide services as clinically indicated.	<u>Treatment Admissions: FFS hospitals</u> Bed capacity: as needed	<u>Treatment Admissions: FFS hospitals</u> 1st Qtr: 123 clients / 816 claims 2nd Qtr: 70 clients / 233 claims 3rd Qtr: 4th Qtr: 193 Total admissions / 1,049 claims  Bed capacity as needed \$585 Average treatment cost per client per day.	
		2F. Non-Medi-Cal Contracts Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.	PRCS  <u>Treatment Admissions: PDP, SD, and County hospitals.</u> PDP: 2 SD: 26 County Hospitals: 595  Bed capacity: as needed	Provide indigent/non-Medi-Cal reimbursable acute inpatient services based on clinical need.  Continue to provide services as clinically indicated for non-Medi-Cal patients.	<u>Treatment Admissions: PDP hospitals</u> Continue to provide services as clinically indicated for non-Medi-Cal patients.  Bed capacity: as needed.	<u>Treatment Admissions: PDP, SD, County hospitals</u> PDP: SD: County Hospitals: 1st Qtr: 1 client 1st Qtr: 0 clients 1st Qtr: 205 clients 2nd Qtr: 0 clients 2nd Qtr: 1 client 2nd Qtr: 124 clients 3rd Qtr: 3rd Qtr: 3rd Qtr: 4th Qtr: 4th Qtr: 4th Qtr:  Bed capacity: as needed	

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ISSUE		INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)						
		Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF	
TOTAL AB109 BUDGET		\$ 295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063	
D M H	2. Community Based Services	2A. <u>DMH Direct Services</u> HUBs, Directly-Operated Clinics (DOC), Chief Information Office Bureau (CIOB), Public Guardian (PG) Administration to provide mental health treatment.  5 DMH co-located HUBs 37 Directly operated clinics across all LA County Service Areas and Supervisorial Districts 1 CIOB staff 2 Conservators (PG)	\$ 8,100,542	\$ -	32	\$ 1,225,848	\$ 2,493,292	\$ -	\$ -	\$ 3,719,140	29
		2B. <u>State Hospital</u> Locked State hospital beds for individuals in need of the most secure and intensive level of mental health services.	\$ 944,000	\$ -	0	\$ 156,206	\$ 47,711	\$ -	\$ -	\$ 203,917	0
		2C. <u>IMD Contracts</u> Provide locked long-term mental health residential treatment.	\$ -	\$ -	0	\$ 153,388	\$ 199,484	\$ -	\$ -	\$ 352,872	0
		2D. <u>IMD Step-down Contracts</u> Provide supportive intensive residential programs to individuals ready for discharge from higher levels of care including IMDs, acute inpatient units, and jails.	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
		2E. <u>In-patient Contracts</u> Provide acute inpatient treatment to stabilize individuals in psychiatric crisis in acute Fee-For-Service hospitals.	\$ -	\$ -	0	\$ 828,506	\$ 1,457,007	\$ -	\$ -	\$ 2,285,513	0
		2F. <u>Non-Medi-Cal Contracts</u> Provide indigent/non-Medi-Cal/Psychiatric Diversion Program (PDP)/ Short-Doyle (SD), and County Hospital reimbursable inpatient services based on clinical need.	\$ -	\$ -	0	\$ 3,520	\$ -	\$ -	\$ -	\$ 3,520	0

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		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET			\$	337,783,000				
		2G. <u>Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.	PRCS	<u>Treatment Admissions: Urgent Care</u> 836 clients / 2,342 claims 60 Bed capacity Urgent Care: \$422 Average daily treatment cost per client  <u>Treatment Admissions: Crisis Residential</u> 30 clients / 568 claims 15 person bed capacity Crisis Residential: \$680 Average daily treatment cost per client	Provide capacity in Urgent Care Centers for PRCS population.  Continue to provide services as clinically indicated.	<u>Treatment Admissions: Crisis/Urgent Care</u> As-needed  UCC Bed capacity: 60 Crisis Residential Bed Capacity: 15	<u>Treatment Admissions: Urgent Care</u> 1st Qtr: 342 clients / 750 claims 2nd Qtr: 372 clients / 807 claims 3rd Qtr: 4th Qtr: 714 Total admissions / 1557 claims 60 Bed capacity \$422 Average treatment cost per client  <u>Treatment Admissions: Crisis Residential</u> 1st Qtr: 15 clients/ 189 claims 2nd Qtr: 15 clients/ 118 claims 3rd Qtr: 4th Qtr: 30 Total admissions / 307 claims 15 Bed capacity \$680 Average treatment cost per client	
		2H. <u>General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.	PRCS	<u>Treatment Admissions: General Outpatient Services</u> FY 13-14 Cumulative (Total clients: 1121) 948 males (85%) PRCS clients received outpatient contract services 173 females (15%) PRCS clients received outpatient contract services  476 males (50%) of 948 receiving outpatient contract services, recidivated. 75 females (43%) of 173 receiving outpatient contract services, recidivated.	Provide forensic mental health treatment for individuals in need of the various levels of outpatient care.  Continue to provide services as clinically indicated.	<u>Treatment Admissions: General Outpatient Services</u> 85% of male PRCS clients will receive outpatient contract services. 12% of female PRCS clients will receive outpatient contract services.  Recidivism rates will remain constant.	<u>1st Quarter:</u> Total clients: 515 451 male (88%) PRCS received outpatient contract services. 64 female (12%) PRCS received outpatient contract services  215 male (48%) of 451 receiving outpatient services, recidivated. 24 female (38%) of 64 receiving outpatient services, recidivated.  <u>2nd Quarter:</u> Total: 428 clients 373 male (87%) PRCS received outpatient contract services. 55 female (13%) PRCS receiving outpatient contract services.  218 male (58%) of 373 receiving outpatient contract services, recidivated. 28 female (51%) of 55 receiving outpatient contract services, recidivated.	
		2I. <u>Medications</u> Stabilization of symptoms through medication intervention.	PRCS	Number of Individuals Receiving Medication:  1,973 total unique clients receiving medication FY 2013-14 Expenditures: \$1,868,502 \$947 average medication cost per client	Provide psychotropic medications to all PRCS who meet clinical criteria for medication support.  Continue to provide services as clinically indicated.	As-needed	No. Individuals Receiving Medication 610 Total unique clients receiving medication. Expenditures for medication: 1st Qtr: \$142,283 2nd Qtr: \$213,172 \$233 average medication cost per client	
		2J. <u>Training</u>  Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.  Specialized AB109 Trainings:  Design an AB109-specific training curriculum in concert with the Training Bureau.  Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.	DMH staff  Contract providers	January 27, 2014: Assessment and Treatment of AB109 population; February 27, 2014: Co-occurring Disorders Assessment with the Forensic Population; March 27, 2014: High Fidelity Cognitive Behavioral Treatment/EBP; April 9, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP); May 29, 2014: Complex World of Anti-Social Personality Disorders; June 26, 2104: Crisis Oriented Recovery Services/EBP Model.  All trainings were completed by June, 2014. Training completed to 99 Probation officers on management of PSPs with mental illness.	Design a curriculum to enhance knowledge and practices related to engagement and treatment of persons with mental health and co-occurring disorders with criminal justice backgrounds.  Countywide Resource Management will manage this project with the Training Bureau, developing a curriculum that incorporates evidence-based and best-practices concepts.	Six specialized trainings will be developed and presented to DMH AB109 contract-agency and directly-operated staff:  • Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP) • Co-occurring Disorders Assessment with the Forensic Population • High Fidelity Cognitive Behavioral Treatment/EBP • Complex World of Anti-Social Personality Disorders • SSI Benefits for the AB109 Population • Treatment of Sexual Offenders  Each training session will train 35-50 DMH and contracted provider staff.	Specialized training curriculum has been developed and scheduled for six AB109 trainings incorporating evidence-based practices, commencing November 2014.  Year-to-date, two of the trainings were completed:  November 5, 2014: Seeking Safety (Trauma focused and Substance Abuse Treatment/EBP)  December 2, 2014: Co-occurring Disorders Assessment with the Forensic Population	
3. In-Custody Services		3A. <u>Mental Health Court Program (MHCP)</u>  Same day mental health assessment of PRCS at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.	PCRS	<u>Services</u> 100% of PRCS referred for mental health assessments were seen in Revocation Court.  1,278 unique clients were reconnected or newly connected with services during the revocation process.  726 (57%) of the 1,278 clients were successfully linked - actually showed-to-treatment.  544 (75%) of 726 clients successfully linked to services, recidivated.	Staff provide assessment, linkage, and navigation services to PRCSs at the two AB109 Revocation Courts.	<u>Services</u> 100% PRCSs entering the revocation process through the courts will be assessed for mental health/COD services, and as necessitated, referred to services.  1,000 clients will be reconnected or newly connected with services.  600 (60%) will actually show to treatment (successful linkage).  Recidivism rates for FY 2014-15 will remain the same.	<u>Services</u> 100% PRCS in Revocation Court who were referred for mental health assessments were seen.  1st Qtr: 560 unique clients were reconnected or newly connected with services during the revocation process.  207 (37%) of 560 actually show-to-treatment (successful linkage).  2nd Qtr: 490 unique clients were reconnected or newly connected with services during the revocation process.  173 (35%) of 490 clients actually show-to-treatment (successful linkage).  <u>Recidivism</u> 1st Qtr: 150 (73%) of 207 clients who successfully linked to community services, recidivated.  2nd Qtr: 109 (63%) of 173 clients who successfully linked to community services, recidivated.	

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ISSUE		INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)					
		Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF
TOTAL AB109 BUDGET		\$ 295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063
	2G. <u>Crisis Services/Urgent Care Contract</u> Provide crisis intervention and crisis stabilization services for up to 24 hours for those who would otherwise be taken to emergency rooms.	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
	2H. <u>General Outpatient Contract Services</u> Provide outpatient mental health and co-occurring treatment services in the community including individual and group treatment, medication support, crisis intervention, and case management services.	\$ 16,390,512	\$ 8,374,000	0	\$ 4,260,940	\$ 5,622,559	\$ -	\$ -	\$ 9,883,499	0
	2I. <u>Medications</u> Stabilization of symptoms through medication intervention.	\$ 1,300,000	\$ -	0	\$ 142,283	\$ 213,172	\$ -	\$ -	\$ 355,455	0
	2J. <u>Training</u>  Community based providers are having difficulty engaging and treating clients with mental health and co-occurring disorders who also have criminal justice backgrounds.  Specialized AB109 Trainings:  Design an AB109-specific training curriculum in concert with the Training Bureau.  Implement training for mental health and co-occurring treatment providers to improve their ability to engage clients in treatment services.	\$ 20,000	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
	3. In-Custody Services									
	3A. <u>Mental Health Court Program (MHCP)</u>  Same day mental health assessment of PRCS at Revocation Court who are referred by Probation, bench officers, attorneys, and Sheriff.	\$ 4,969,728	\$ -	6	\$ 311,260	\$ 1,193,322	\$ -	\$ -	\$ 1,504,582	6



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				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
TOTAL AB109 BUDGET			\$	337,783,000				
		3B. <u>Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)</u>  Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	N3  PRCS	<u>Re-Entry Planning Services (Male AB109)</u> 383 Men's JMHS/JMET clients received community re-entry planning services as evidenced by referral to CRM for linkage.  <u>Post-Release Treatment (Male AB109)</u> 174 (46%) of 383 Men's JMHS/JMET clients were successfully linked to community services upon release from jail.  <u>Recidivism</u> 39 (22%) of 174 JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.	Provide treatment to PRCS and N3s with mental illness and co-occurring substance use disorders: <ul style="list-style-type: none"><li>• Psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy;</li><li>• Facilitate the establishment of mental health conservatorships; and</li><li>• Increase community re-entry planning activities, including conducting community readiness education and substance abuse recovery groups, and making referrals to CRM for linkage with community providers.</li></ul> <u>Special Housing Units</u> Provide medication services, clinical care, substance abuse counseling, and community re-entry planning activities.  <u>General Population Housing Units</u> Provide crisis intervention and outreach services, and medication support and community re-entry planning.  Assist with coordination and management of AB109 services; provide support for statistical and database management.  Facilitate and co-lead weekly community readiness groups.	<u>In-Custody Services</u> <u>Re-Entry Planning Services</u> Increase the existing benchmark by at least 5% for number of Men's JMHS/JMET clients that will receive community re-entry planning services.  <u>Post-Release Treatment (Male AB 109)</u> 50% of clients referred to CRM will be successfully linked to community services upon release from jail.  <u>Recidivism</u> Recidivism rates will remain under 30%.	<u>1st Quarter:</u> 59 of Men's JMHS/JMET clients received community re-entry planning services.  18 (31%) of 59 clients were successfully linked to community services upon release from jail.  <u>Recidivism</u> 5 (28%) of 18 Men's JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.  <u>2nd Quarter:</u> 66 of Men's JMHS/JMET clients received community re-entry planning services.  19 (29%) of 66 JMHS/JMET clients were successfully linked to community services upon release from jail.  2 (11%) of 19 of JMHS/JMET clients who were successfully linked to community services were subsequently re-arrested.	
		3C. <u>Women's Jail Mental Health Services (JMHS)</u>  AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	N3  PRCS	<u>Re-Entry Planning Services (Female AB109)</u> 202 Women's JMHS clients received community re-entry planning services.  91 (45%) of 202 Women's JMHS clients were successfully linked to community services upon release from jail.  <u>Recidivism</u> 4 (4%) of 91 Women's JMHS clients who successfully linked to community services were subsequently re-arrested.	Provide treatment to N3s with mental illness and co-occurring substance use disorders • <ul style="list-style-type: none"><li>• Provide psychosocial level of care assessments for release planning that address all domains indicated in the JMHS release planning policy;</li><li>• Increase community re-entry planning activities, including referrals to CRM; and</li><li>• Group interventions, including community readiness education and substance abuse recovery groups.</li></ul> <u>General/Special Population Housing Units:</u> Provide crisis intervention and outreach services, medication support, substance abuse counseling, and community re-entry planning activities. Facilitate and co-lead weekly community readiness groups.	<u>Re-Entry Planning Services (Female AB109)</u> Increase the existing benchmark by at least 5% for number of Women's JMHS clients that will receive community re-entry planning services.  <u>Post-Release Treatment</u> 50% of clients that received community re-entry planning services will be successfully linked to community services upon release from jail.  <u>Recidivism</u> Recidivism rates will remain under 30%.	<u>1st Quarter:</u> 52 of Women's AB 109 clients received community re-entry planning services.  16 (31%) of 52 of clients were successfully linked to community services upon release from jail.  2 (13%) of 16 Women's AB 109 clients who were successfully linked to community services were subsequently re-arrested.  <u>2nd Quarter:</u> 39 of Women's JMHS clients received community re-entry planning services.  6 (15%) of 39 Women's AB 109 clients were successfully linked to community services upon release from jail.  2 (33%) of 6 Women's JMHS clients who were successfully linked to community services were subsequently re-arrested.	
		3D. <u>Jail In-Reach Program</u>  DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.	N3  PRCS	DMH AB109 outpatient and IMD step-down contracted providers and JMHS staff co-facilitated weekly community readiness and pre-release planning groups.  Benchmark to be established in FY 2014-15.	DMH AB109 outpatient and IMD step-down programs co-facilitate weekly community readiness and pre-release planning groups in the Men's and Women's JMHS programs.	Continue co-facilitating weekly community readiness and re-entry groups.  <u>Re-Entry Planning Services</u> 20% of Men's and Women's AB109 clients will receive Jail In-Reach services.  <u>Post-Release Treatment</u> 50% of Men's and Women's AB109 clients will be successfully linked to community services upon release from jail.	<u>Re-Entry Planning Services</u> 1st Qtr: 1 (33%) of 3 Male AB109 clients and 8 (61%) of 13 Female AB109 clients received re-entry planning services as evidenced by a referral to CRM for linkage.  2nd Qtr: 8 (17%) of 48 Male AB109 clients and 4 (29%) of 14 Female AB109 clients received re-entry planning services as evidenced by a referral to CRM for linkage.  <u>Post-Release Treatment</u> 1st Qtr: 0 (0%) of 9 Men and Women AB109 Jail-In Reach participants were successfully linked to community services upon release from jail.  2nd Qtr: 1 (12.5%) of 8 participants from Men's AB109 Jail In-Reach was successfully linked to community services upon release from jail. 2 (50%) of 4 participants from Women's AB109 Jail In-Reach were successfully linked to community services upon release from jail.  <u>Recidivism</u> Year-to-date, 0 Males and 1 (25%) Female of the AB109 Jail-In Reach participants who were successfully linked to community services were subsequently re-arrested.	
4. Pilot Program	<u>Alternative Custody</u>  Program is in development. Funding has been set aside.		TBD	TBD	TBD	TBD		
5. Other Revenue	[Medi-Cal FFP, State EFPDST SGF, MCE]							
DEPARTMENT OF HEALTH SERVICES		\$	16,277,000					
1. Inmate Medical Services at LAC+USC Medical Center	AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	N3	<u>Outpatient Services</u> 3,909 specialty care visits 776 emergency department visits  <u>In-patient Services</u> 324 Total N3 patients (cumulative) <ul style="list-style-type: none"><li>• 256 jail ward admissions</li><li>• 68 off ward admissions (general hospital bed)</li><li>• No patients transferred outside of LAC+USC</li><li>• 21 patients: mean daily inpatient census</li><li>• 4.51 days: average in-patient stay</li></ul> Care Coordination No current benchmark	<u>Activities</u> 1) Expand the availability of certain high-demand specialty services at LAC+USC jail clinic. 2) Implement eConsult to improve the response time to specialty referrals from Sheriff Medical Services Bureau (MSB). 3) Transfer community patients, at County expense, to other inpatient facilities when census on jail inpatient ward exceeds capacity and "off-warding" is necessary. 4) Expand jail emergency room staffing to manage increased workload of transfers from MSB.  <u>Outputs</u> 1) Maintain similar access to specialty care standards as DHS provides its general patient population by providing specialty care services to an additional 2,250 N3 inmates. 2) eConsult implemented for OB/Gyn/Urology and Cardiology came on board 12/1/2014. Average turnaround time from consult initiation to appointment scheduled is 19.3 days. 3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital. 4) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time (i.e., cancer chemotherapy, hip replacement). Total of 71 jail patients received care coordination services in 2nd Qtr FY 2014-15.	1) DHS has capability so that ALL specialty clinic referrals from MSB are addressed either by eConsult or a face-to-face visit within 30 days of receipt.  2) No inmates requiring inpatient services that are brought for evaluation at LAC+USC are off-warded at a non-DHS facility.  3) Keep all N3 inmates requiring inpatient care at LAC+USC hospital.  4) At least 75 inmates with complex medical conditions receive active care coordination services between DHS and MSB.  5) Maintain similar access to specialty care standards as DHS provides its general patient population.  6) Provide care coordination services for N3 inmates requiring ongoing or lengthy services such as cancer treatment or surgical procedures with long recovery/rehabilitation time. (i.e., cancer chemotherapy, hip replacement, etc.).	<u>Outpatient Services</u> 1st Qtr 709 visits & 2nd Qtr 783 visits = 1,492 specialty care visits YTD 1st Qtr 235 ED visits & 2nd Qtr 344 ED visits = 579 emergency department visits YTD 2,071 N3 Total Visits  <u>In-patient Services</u> 180 Total N3 patients (cumulative) with 717 Total patient days YTD <ul style="list-style-type: none"><li>• 130 new N3 admissions to jail ward</li><li>• 50 new N3 admissions off jail ward</li><li>• 3.90 patients: mean daily N3 inpatient census</li><li>• 3.98 days: average in-patient LOS for N3 patients</li></ul> In the 2nd Qtr FY 2014-15, there has been a continuation of inmates who require admission to a general hospital bed off the jail ward, because the jail ward is full.  <u>Wait Times</u> 4-6 weeks for most non-urgent specialty visits. Cardiology was added to eConsult on 12/1/14. The average time from consult initiation for services on eConsult (OB/Gyn/Urology/Cards) to an appointment scheduled is 19.3 days.  <u>Care Coordination</u> Care coordination staff was hired to focus on jail patients in late July 2013. A total of 71 cases	Urgent specialty visits are now more seamlessly expedited and completed as a result of our collaborative information sharing efforts between LASD MSB and DHS.  The success of DHS assumes that DHS and MSB continue to successfully move toward implementation of eConsult and that MSB medical providers use their access to DHS's Affinity health record and that DHS providers have adequate access to the Sheriff's Cerner electronic health records. JHIS. Cardiology services was implemented in eConsult on 12/1/2014.	

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ISSUE		INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)					
		Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF
TOTAL AB109 BUDGET		\$ 295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063
	3B. Men's Jail Mental Health Services (JMHS) and Jail Mental Evaluation Team (JMET)  Men's JMHS consists of the Men's Program, which provides services to men in mental health housing, and the Jail Mental Evaluation Team (JMET), which provides services in the general and special population areas of the men's jails. AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention activities, re-entry and release planning services for incarcerated AB109 inmates with mental illness, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	\$ -	\$ -	29	\$ -	\$ -	\$ -	\$ -	\$ -	25
	3C. Women's Jail Mental Health Services (JMHS)  AB109 funded staff provide outreach, assessment, engagement, treatment, crisis intervention, re-entry and release planning services for incarcerated AB109 individuals with mental illness in the mental health and general/special population housing areas of the women's jail, in order to stabilize their condition while incarcerated, increase the percentage of AB109 clients linked to community services upon release, increase treatment retention and reduce recidivism.	\$ -	\$ -	13	\$ -	\$ -	\$ -	\$ -	\$ -	12
	3D. Jail In-Reach Program  DMH funded AB109 providers to actively engage inmates prior to release in continuing MH and COD treatment programs in the community.	\$ -	\$ -	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
4. Pilot Program	Alternative Custody  Program is in development. Funding has been set aside.	\$ -	\$ 3,290,000	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
5. Other Revenue	[Medi-Cal FFP, State EPPSDT SGF, MCE]	\$ (11,357,782)	\$ -	0	\$ (3,194,156)	\$ (6,472,821)	\$ -	\$ -	\$ (9,666,977)	0
DEPARTMENT OF HEALTH SERVICES		\$ 11,331,000	\$ 4,946,000	50	\$ 2,773,126	\$ 3,117,324	\$ -	\$ -	\$ 5,890,450	38
1. Inmate Medical Services at LAC+USC Medical Center	AB109 has increased the inmate population resulting in increased demand for inmate medical care delivered at LAC+USC.	\$ 11,118,000	\$ 4,188,000	48	\$ 2,682,459	\$ 3,027,138	\$ -	\$ -	\$ 5,709,597	36

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		ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS
				The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year; is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target
		TOTAL AB109 BUDGET	\$ 337,783,000					
DHS	2. PRCS Medical Care Coordination	PRCS who are medically fragile or have complex medical issues are currently being released from State prison with little to no planning for how to provide them the medical services they need.	PRCS (medically fragile)	To review all cases for medically fragile PRCS released to Los Angeles County.	<u>Activities</u> 1) Hire a registered nurse and clinical social worker to be co-located with probation and mental health staff at Alhambra pre-release center.  2) Create an electronic tool to document and track medical services needs (primary care, specialty care, durable medical equipment, medications, and support services) for medically fragile PSPs.  <u>Outputs</u> 1) Provide care coordination/care management services to at least 100 PRCSs defined as medically fragile by DHS and Probation.  2) Document and track the medical needs of targeted PSPs within the PSPs Medical Care Coordination tracking tool.	DHS has staff and tools available to ensure PRCSs returning to LAC requiring significant medical services have a Care Plan created prior to release from State custody so when they arrive in LAC they have appointments arranged as necessary and medical equipment or medications as required.  <u>Care Coordination/Management Services</u> At least 100 medically fragile PRCSs receive care coordination services from DHS staff located in the pre-release center.	DHS began receiving and reviewing medical records information from CDCR on August 26, 2014 for PRCS designated by CDCR as high or medium medical risk and scheduled to be released within 60 days.  An electronic tracking log has been created and is in use by the DHS staff to track cases requiring active case management, including patient diagnoses, medical and housing needs, and services arranged or recommended. The Probation department is working on developing an Access database that will also assist in tracking this information.  <u>Services</u> From July-Dec 2014, 55 unduplicated medically fragile PSPs received care coordination/management services provided by the DHS nurse. Many require care coordination across several months; in a given month, active case management is being provided for an average of 20 patients at a time. From July-Dec 2014, the DHS nurse also reviewed a total of 1,726 record packets to assess PSP medical/service needs, 844 of which were medical records transmitted by State CDCR through the secure electronic portal. This process was established in August 2014.	We have now created the information sharing infrastructure with the State's CDCR and we now receive, in advance of their release, information about medically fragile PRCSs including an up-to-date care plan and medication list. Over this fiscal year, the success of the program will depend on how reliable this information is and how regularly we receive it.  Additionally, we have lost the Social Worker hired for this program so we are in the process of posting and hiring a new social worker. This should allow us to improve the program significantly.
	3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	PRCS (medically fragile)	To establish in FY 2014-15.	1) Identify strategies to locate appropriate medically enhanced housing capable of accepting medically fragile PRCSs.  2) Invest in and leverage DHS flexible housing subsidy pool to finance placement when needed.  3) Streamline enrollment of medically fragile PRCSs into benefit programs (i.e., SSI, Medicaid, etc.) in order to secure ongoing funding for such placement.	1) Identify 70 placements capable of accepting medically fragile PRCSs.  2) Place the projected 60 medically fragile PRCSs who we expect will require medically enhanced housing upon their release and return to Los Angeles County.	1) Have identified mechanism to use flexible housing spending subsidy pool for this purpose.  2) Have engaged the flexible housing spending pool contractor, Brilliant Corners, who has begun to identify appropriate placement site for medically fragile PRCSs.	Probation and the DHS nurse provided a "test case" to Brilliant Corners in December 2014 to work out the processes involved in acquiring placement for medically fragile PSPs; issues with release of information and other inter-agency processes have been resolved, and Brilliant Corners is working on strategies to identify appropriate placements. We expect during the 3rd Qtr that we will be able to place medically fragile PSPs in appropriate placements.
	CHIEF EXECUTIVE OFFICE		\$ 337,000					
	AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	Board of Supervisors  County Departments	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.	Provide quarterly budget and performance reports.	
		AUDITOR-CONTROLLER	\$ 517,000					
	1. Claims Processing	Review and process realignment claims as submitted by the departments.	County Departments	<ul style="list-style-type: none"><li>Monthly cash reconciliation</li><li>Review and process quarterly department claims</li></ul>	<ul style="list-style-type: none"><li>Process State AB109 remittance.</li><li>Perform monthly cash reconciliation.</li><li>Review and process quarterly department claims.</li></ul>	<ul style="list-style-type: none"><li>Process State AB109 remittance.</li><li>Perform monthly cash reconciliation.</li><li>Review and process quarterly department claims.</li></ul>	<ul style="list-style-type: none"><li>Issued quarterly claims deadlines</li><li>Process State AB109 remittance.</li><li>Perform monthly cash reconciliation.</li><li>Review and process quarterly department claims.</li></ul>	AB109 claims are being reviewing and processed timely and in accordance with the County Fiscal Manual and the Government Code.
	2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	Other - County Departments that receive AB109 funding.	Completed audits for seven of the ten departments that receive AB109 funding, including the three higher risk departments (Sheriff's, Probation, and Mental Health). No audit reports issued.	Work with departmental managers and staff to identify and disposition audit findings.  Work with A-C Accounting to determine proper claiming procedures and calculations.  Issue audit reports with results.	Fiscal Year (FY) 2013-14 audits: -Completed the audits of the remaining three departments by 9/30/14. -Estimated issuance of the audit reports for all ten reviews by 1/30/15.  FY 2014-15 audits: -Per the fiscal audit schedule, perform quarterly reviews of the higher risk departments (Sheriff's, Probation, Mental Health), and perform an annual review of the seven lower risk departments. Estimated completion and issuance by 6/30/15.	FY 2013-14 audits: -Completed the audits of all ten departments. -Issued audit report for Fire Department on 9/29/14. -Issued audit report for Probation on 11/3/14. -Audit report for Sheriff's and DMH is with A-C management for issuance. -Audit report for lower risk departments pending response from DHS.  FY 2014-15 audits: -Audits to commence in January 2015.	
		CCJCC	\$ 3,178,000					
CCJCC	1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	County Departments	Establishment of a Criminal Justice Research and Evaluation Master Agreement.	Obtain Board of Supervisors approval to execute criminal justice research and evaluation master agreements with qualified providers.	<ul style="list-style-type: none"><li>Implement PSRT process for reviewing AB109 project proposals;</li><li>Initiate development of scope of work for a global AB109 outcome study;</li><li>Conduct competitive process for vendor selection.</li></ul>	The Board approved the Criminal Justice Research and Evaluation Services Master Agreement on November 18, 2014.	CCJCC continued discussions with departments to develop AB109 outcome study Statement of Work.
	2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	Board of Supervisors  County Departments	Coordinate and administer work of the Public Safety Realignment Team and its various work groups, including Legal Work Group, Treatment Work Group, and Law Enforcement Work Group.	Coordinate, prepare, and submit realignment reports to the Board per the Board's direction to document workload impact on departments, implementation progress, emerging issues/challenges, and strategies for improving outcomes.	Coordination of all PSRT and PSRT workgroup meetings and submission of implementation reports to the Board as requested.	During this reporting period, our office coordinated meetings of the Public Safety Realignment Team, Law Enforcement Workgroup, Parole Revocation/Legal Workgroup, and Treatment Workgroup.  CCJCC coordinated department survey responses to the BSCC's Community Corrections Partnership Survey.  In response to a Board Motion, CCJCC provided a report with a plan as to how the \$1.6 million recidivism reduction grant funds will be utilized and a process for evaluating outcomes.	During this reporting period, CCJCC also: <ul style="list-style-type: none"><li>Continued to examine potential implications of split sentences</li><li>Participated in numerous meetings to determine the local impact of Prop 47</li><li>Developed the Realignment Year-Three Report</li></ul>
	ISAB		\$ 994,000					
ISAB	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	County Departments	<u>N3 Reports</u> Development of 2 sets of Non-serious, Non-Sexual, Non-violent (N3) related statistical reports.  <u>New Staff</u> Hiring of 1 new developer staff to oversee the JAIMS project.  <u>JAIMS-TCPX Interface</u> Create interface with the Treatment Courts Probation Exchange (TCPX) System.	<u>N3 Reports</u> ISAB to provide business requirements and direction to ISD Cognos development team to build N3 statistical reports  <u>New Staff</u> Requesting budgeted staff  <u>JAIMS-TCPX Interface</u> Complete software evaluation and implementation to replicate TCPX data to JAIMS as a milestone.  2. Evaluate/implement ways to execute data interface between JAIMS and TCPX	<u>N3 Reports</u> Demographic statistical reports on N3 deployed in production and accessible by JAIMS users.  <u>New Staff</u> To be requested in FY 2015-16 budget.  <u>JAIMS-TCPX Interface</u> Complete software evaluation and implementation to replicate TCPX data to JAIMS as a milestone.	<u>N3 Reports</u> Statistical reports for N3 subjects completed and deployed to production. Development of Restitution Reports for N3 subjects completed and currently being tested.  <u>New Staff</u> Temp staff started January 26,2015.  <u>JAIMS-TCPX Interface</u> MOU for the data exchange with Public Health is being drafted. Evaluation of Attunity Replicate for real-time replication of data from SQL Server to an Oracle database target is underway. Data elements available in TCPX to be brought over to JAIMS have been identified.	<u>N3 Reports</u> Report development project is progressing on schedule.  <u>New Staff</u> Temp staff started January 26, 2015.  <u>JAIMS-TCPX Interface</u> Need to discuss and iron-out data exchange requirements/concerns with Department of Public Health and County Counsel.
		TOTAL GENERAL OPERATIONS BUDGET	\$ 331,684,000					

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Draft		ISSUE	INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)												
			Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF							
TOTAL AB109 BUDGET			\$	295,453,000	\$	42,330,000	1,264	\$	101,784,796	\$	104,092,324	\$	-	\$	-	\$	205,877,120	1,063
D H S	2. PRCS Medical Care Coordination	PRCS who are medically fragile or have complex medical issues are currently being released from State prison with little to no planning for how to provide them the medical services they need.	\$	213,000	\$	-	2	\$	90,667	\$	90,186	\$	-	\$	-	\$	180,853	2
	3. PRCS Medical Fragile Support - Pilot Program	LA County has faced difficulty in identifying appropriate medically enhanced housing for a number of PRCSs considered medically fragile.	\$	-	\$	758,000	0	\$	-	\$	-	\$	-	\$	-	\$	-	0
CHIEF EXECUTIVE OFFICE			\$	237,000	\$	100,000	0	\$	48,190	\$	45,431	\$	-	\$	-	\$	93,621	0
	AB109 Program Oversight	Centralized monitoring of AB109 budget and programs.	\$	237,000	\$	100,000	0	\$	48,190	\$	45,431	\$	-	\$	-	\$	93,621	0
AUDITOR-CONTROLLER			\$	237,000	\$	280,000	1	\$	63,637	\$	15,480	\$	-	\$	-	\$	79,117	0
	1. Claims Processing	Review and process realignment claims as submitted by the departments.	\$	237,000	\$	-	1	\$	6,419	\$	3,038	\$	-	\$	-	\$	9,457	0
	2. Fiscal Audit	Audit reimbursement claims submitted by departments and confirm AB109 funds are being used towards N3 and PRCS population.	\$	-	\$	280,000	0	\$	57,218	\$	12,442	\$	-	\$	-	\$	69,660	0
CCJCC			\$	178,000	\$	3,000,000	1	\$	55,446	\$	57,167	\$	-	\$	-	\$	112,613	1
C C J C C	1. Criminal Justice Research and Evaluation Program	County justice partners would benefit from an established and efficient process for contracting with qualified vendors of criminal justice research and evaluation services. The availability of qualified vendors on a Master Agreement would promote data based evaluations, improved outcomes, and help inform decision-making.	\$	-	\$	3,000,000.00	0	\$	-	\$	-	\$	-	\$	-	\$	-	0
	2. Public Safety Realignment Team (PSRT) Administration	Realignment impacts all justice areas and disciplines: patrol/law enforcement, supervision practices, custody, reentry and treatment services, and legal case processing. CCJCC's coordination of PSRT and its various workgroups provides the vehicle for coordinating operations among departments, identifying emerging issues, and refining processes, as needed.	\$	178,000	\$	-	1	\$	55,446	\$	57,167	\$	-	\$	-	\$	112,613	1
ISAB			\$	594,000	\$	400,000	0	\$	179,302	\$	176,275	\$	-	\$	-	\$	355,577	0
I S A B	Justice Automatic Information Management Statistics (JAIMS)	A centralized system is needed to facilitate AB109 data analysis and reporting between departments.	\$	594,000	\$	400,000	0	\$	179,302	\$	176,275	\$	-	\$	-	\$	355,577	0
TOTAL GENERAL OPERATIONS BUDGET			\$	290,539,000	\$	41,145,000	1228	\$	100,214,044	\$	102,657,432	\$	-	\$	-	\$	202,871,476	1,032

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Draft	ISSUE	TARGET POPULATION	BENCHMARK (FY 2013-14 Experience)	ACTIVITIES / OUTPUTS	JUNE 2015 PERFORMANCE TARGET	OUTPUT STATUS (Cumulative Year-to-Date)	COMMENTS	
			The benchmark should be based on FY 2013-14 data. Indicate either the caseload, service level, participation rate, or other measure in actual numbers or percentages. Include BOTH the annual number and the daily rate and the CEO will figure out what makes most sense.	Indicate what your department needs to do in order to get to your benchmark.	Describe your objective for the fiscal year: is it to maintain the existing benchmark (explain why status quo is good) or is it to establish milestones for improving upon the benchmark.	Report your year-to-date status for meeting the target performance outcomes.	Narrative comments on your progress to meeting your Performance Target	
TOTAL AB109 BUDGET		\$ 337,783,000						
DISTRICT ATTORNEY		\$ 2,899,000						
D A	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	PRCS  Parolees	Case by case.	Investigation and prosecution of revocation cases	Case by Case.	Dept. 80 (Parole evidentiary hearings) <b>151 matters</b>  Dept. 81 (Parole arraignments and pleas with occasional probable cause hearings) <b>2,123 matters</b>  Dept. 82 (PRCS prehearing conferences and full evidentiary hearings) <b>1,817 matters</b>  Dept. 83 (PRCS arraignments, settlements, warrant pick-ups, and some prehearing conferences) <b>2,811 warrants and 1,800 calendar</b>  <b>Total Cases: 8,702</b>	
	PUBLIC DEFENDER		\$ 2,185,000					
	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	PRCS  Parolees	<u>New Cases</u> Department 83 (PRCS): 6,544 Department 81 (Parole): 2,396 Total Cases: 8,940	Legal representation of revocation cases.	Complete assigned cases.	<u>New Cases (cumulative)</u> Department 83 (PRCS): 3,259 Department 81 (Parole): 1,161 Total Cases: 4,420	
	ALTERNATE PUBLIC DEFENDER		\$ 965,000					
A P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	PRCS  Parolees	<u>New Cases</u> Department 83 (PRCS): 1,429 Department 81 (Parole): 497 Total Cases: 1,926	Legal representation of revocation cases.	Complete assigned cases.	<u>New Cases (cumulative)</u> Department 83 (PRCS): 660 Department 81 (Parole): 244 Total Cases: 904	
CONFLICT PANEL		\$ 50,000						
TOTAL REVOCATION BUDGET		\$ 6,099,000						

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		ISSUE	INPUTS (APPROVED BUDGET)			YEAR-TO-DATE CLAIMS (1ST QTR, 2ND QTR, 3RD QTR reimbursements are capped. 4TH QTR reimbursements will be to full annual budgeted allocation)					
			Ongoing Funds	One-Time Funds	Staff	1ST QTR CLAIMS SUBMITTED	2ND QTR CLAIMS SUBMITTED	3RD QTR CLAIMS SUBMITTED	4TH QTR CLAIMS SUBMITTED	TOTAL CLAIMS SUBMITTED (1ST QTR-4TH QTR)	HIRED STAFF
TOTAL AB109 BUDGET		\$	295,453,000	\$ 42,330,000	1,264	\$ 101,784,796	\$ 104,092,324	\$ -	\$ -	\$ 205,877,120	1,063
DISTRICT ATTORNEY		\$	2,310,000	\$ 589,000	18	\$ 810,191	\$ 753,998	\$ -	\$ -	\$ 1,564,189	16
D A	Prosecution	Revocation prosecution of PRCS and prosecution of revocation cases.	\$ 2,310,000	\$ 589,000	18	\$ 810,191	\$ 753,998	\$ -	\$ -	\$ 1,564,189	16
PUBLIC DEFENDER		\$	1,769,000	\$ 416,000	13	\$ 570,927	\$ 518,968	\$ -	\$ -	\$ 1,089,895	10
P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	\$ 1,769,000	\$ 416,000	13	\$ 570,927	\$ 518,968	\$ -	\$ -	\$ 1,089,895	10
ALTERNATE PUBLIC DEFENDER		\$	786,000	\$ 179,000	5	\$ 189,634	\$ 161,926	\$ -	\$ -	\$ 351,560	5
A P D	Legal Representation	Legal representation of PRCS and parolees who are facing revocation.	\$ 786,000	\$ 179,000	5	\$ 189,634	\$ 161,926	\$ -	\$ -	\$ 351,560	5
CONFLICT PANEL		\$	49,000	\$ 1,000	0	\$ -	\$ -	\$ -	\$ -	\$ -	0
TOTAL REVOCATION BUDGET		\$	4,914,000	\$ 1,185,000	36	\$ 1,570,752	\$ 1,434,892	\$ -	\$ -	\$ 3,005,644	31